

Health Department, City of Baltimore.

Permit No. A. 1360 Office of Registrar of Vital Statistics.

Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 10th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Jane Hillis

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 69 Years, 00 Months, 00 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, House work

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Bucks Co Pa

Duration of Residence in the City of Baltimore, 24 yrs

Place of Death, { Give Street and Number. } 17 Prince St

Cause of Death, { First (Primary), Second (Immediate), } Typhoid (Jaundice)

Duration of Last Sickness, 7 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Lenox Cemetery

Date of Burial, July 17 1887

Undertaker, Wilson & Son

Place of Business, 150 East St

Address, 203 N. Calver St

J. H. Shivers M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 131 Office of Registrar of Vital Statistics. Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, July 15 - 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles B. Campbell

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 6 Years, 6 Months, ✓ Days

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } 824 Vincent al Balto;

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 824 Vincent al

Cause of Death, { First (Primary), Enteric Colitis
Second (Immediate), Exhaustion }

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St Peter Cemetery

Date of Burial, July 16 1887

{ Undertaker, William N. Brown } J. M. Stanley M. D.
Medical Attendant.

{ Place of Business, 150 E. ... } Address, 1002 E. ...

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A-1362 Office of Registrar of Vital Statistics.

Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH

Date of Death, July 16th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Johanna Howard

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 26 Years, — Months, — Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } West Va

Duration of Residence in the City of Baltimore, 5 years

Place of Death, { Give Street and Number. } House of the Good Shepherd

Cause of Death, { First (Primary), Second (Immediate), } Pulmonary Consumption

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemo

Date of Burial, July 17th 1887

{ Undertaker, L. B. Cook } Edw. S. Nicholson M. D. Medical Attendant.

{ Place of Business, W. Ball } Address, 707 W. Lombard

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to the Form of Certificate on Back of This

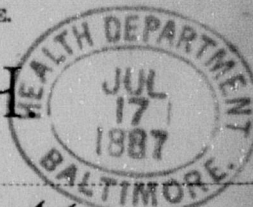
Health Department, City of Baltimore.

Permit No. A 1363 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH



Date of Death, 16 July 1887

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Theodor M. J. Mohr

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, — Years, — Months, 21 Days

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 1816 Eastern Avenue

Cause of Death, {First (Primary), Diphtheria
Second (Immediate), Weakened}

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, 17 July 1887

{Undertaker, John Henning L. S. Brinkman M. D.
Medical Attendant.

{Place of Business, 2008 Orleans St Address, 720 N Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this certificate.

Health Department, City of Baltimore.

Permit No. *A 1364* Office of Registrar of Vital Statistics.

Ward *17*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, *July 15th 1887*
Full Name of Deceased, *Charles Peterson*
Sex, Male or Female, *Male*
Age, *—* Years, *—* Months, *15* Days.
Color, *White*

Married, Single, Widow or Widower, *Single*

Occupation, *Ballo.*

Birth Place, *Balto.*

Duration of Residence in the City of Baltimore, *Life time*

Place of Death, *1450 Garret Ave Locust point*

Cause of Death, *Chas m*
First (Primary),
Second (Immediate),

Duration of Last Sickness, *6 days*

All the above information should be furnished by the Physician.

Place of Burial, *Mount Carmel*

Date of Burial, *July 17th 1887*

Undertaker, *H. Sander & Son*

Place of Business, *1700 Canton St.*

Address, *418 S. Paca St.*

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. *A 1365*

Office of Registrar of Vital Statistics.

Ward *2*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 16th 1887*

Full Name of Deceased, *Char. Louis Walker*
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, *Male*
{ Cross out the word not required in this line. }

Age, *9* Months, *White* Days.

Color, *White*

Married, Single, Widow or Widower, *Single*
{ Cross out the words not required in this line. }

Occupation, *City*

Birth Place, *Since Birth*
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *Since Birth*

Place of Death, *1916 Alice Anna St*
{ Give Street and Number. }

Cause of Death, *Cholera Infantum*
{ First (Primary), Second (Immediate). }

Duration of Last Sickness, *Two weeks*

All the above information should be furnished by the Physician.

Place of Burial, *St. Matthews Cops.*

Date of Burial, *July 17, 1887* *John H. Rehberger* M. D.

{ Undertaker, *H. Sanders* Medical Attendant.

{ Place of Business, *1709 Alice Anna St* Address, *1709 Alice Anna St*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. *A1366* Office of Registrar of Vital Statistics.

Ward *8*

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CERTIFICATE OF DEATH

Date of Death, *July 16th 1887*

Full Name of Deceased, *Mrs Maria Redmond*

Sex, *Male* or Female, *Female*

Age, *65*

Years,

Months,

Days,

Color, *W*

Married, *Single*, *Widow* or *Widower*, *Widow*

Occupation, *Housekeeper*

Birth Place, *Maryland*

Duration of Residence in the City of Baltimore, *—*

Place of Death, *St. Joe Hospital*

Cause of Death, *Chronic Diarrhea*
Exhaustion

Duration of Last Sickness, *6 mos -*

All the above information should be furnished by the Physician.

Place of Burial, *Holy Redeemer Cemetery*

Date of Burial, *July 17th 1887*

Undertaker, *Wm. McKim*

Place of Business, *108 Central Ave*

Oscar J. Liskay M. D.
Medical Attendant.

Address, *624 N Calvert St*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

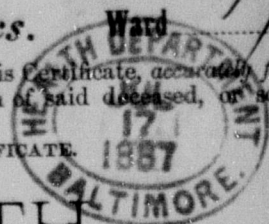
The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this form.

Health Department, City of Baltimore.

Permit No. A 1367 Office of Registrar of Vital Statistics.

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CERTIFICATE OF DEATH.

Date of Death, July 16, 1887
Full Name of Deceased, Harry S. Hawthorne {Write legibly and spell correctly. If an Infant not named, give names of parents.}
Sex, Male {Cross out the word not required in this line.}
Age, 1 Years, 7 Months, 7 Days
Color, White
~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}
Occupation, City Lifetime
Birth Place, City {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, 1284 Battery NW
Place of Death, Chloroform Infantum {Give Street and Number.
Cause of Death, {First (Primary), Convulsions
Second (Immediate), 5 days
Duration of Last Sickness, 5 days
All the above information should be furnished by the Physician.
Place of Burial, Mount Olive
Date of Burial, July 18, 1887
{Undertaker, Bernard Harle
Place of Business, 115 Ores St. Address, 361 Warren St.
Medical Attendant, H. B. Noble M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1368 Office of Registrar of Vital Statistics. Ward 17

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CERTIFICATE OF DEATH.

Date of Death, July 16th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Potman

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 70 Years, — Months, — Days

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Single ✓

Occupation, Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, { Give Street and Number. } 1205 S. Hancock St.

Cause of Death, { First (Primary), Second (Immediate), } Chol. Morbus
Ex

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, July 18, 1887

Undertaker, Bernard Harle { J. J. Flannery M. D. Medical Attendant

Place of Business, 115 West N. W. Address, 1701 Dr. Hillman

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[OVER.]

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Health Department, City of Baltimore.

Permit No. *A. 1369*

Office of Registrar of Vital Statistics.

Ward *15*

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CERTIFICATE OF DEATH.

Date of Death, *July 15/87*

Full Name of Deceased, *Barville E. Coleman*

Sex, *Male* or Female, *Male*

Age, *9*

Years, *9*

Months, *5*

Days, *1*

Color, *Color*

Married, Single, Widow or Widower, *Single*

Occupation, *Bartr.*

Birth Place, *Balto.*

Duration of Residence in the City of Baltimore, *All of life*

Place of Death, *635 S Howard St.*

Cause of Death, *Whooping Cough*

Second (Immediate), *Cholera Infantum*

Duration of Last Sickness, *1 week*

All the above information should be furnished by the Physician.

Place of Burial, *Sharps Cemetery*

Date of Burial, *July 17 1887*

Undertaker, *Hercules Ross*

Place of Business, *404 Conroy St.*

Address, *617 Sharps*

Medical Attendant, *C. S. Boone M. D.*

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[OVER.]